



MITT ROMNEY  
GOVERNOR

KERRY HEALEY  
LIEUTENANT GOVERNOR

TIMOTHY R. MURPHY  
SECRETARY

PAUL J. COTE, JR.  
COMMISSIONER

The Commonwealth of Massachusetts  
Executive Office of Health and Human Services  
Department of Public Health  
Center for Environmental Health  
Community Sanitation Program  
250 Washington Street, Boston, MA 02108-4619  
(617) 624-5757 (617) 624-5777 - Fax

**APPLICATION FOR CERTIFICATE OF OCCUPANCY  
FARM LABOR CAMP  
M.G.L., c111, §128G**

OWNER & ADDRESS: \_\_\_\_\_ = TRUST

\_\_\_\_\_  
OPERATOR, IF DIFFERENT \_\_\_\_\_ = CORPORATION  
= PARTNERSHIP  
= INDIVIDUAL

NAME AND ADDRESS OF CAMP: \_\_\_\_\_  
\_\_\_\_\_

IF YOU HOUSE WORKERS FOR OTHER FARMS, PLEASE LIST NAMES OF FARMS ON REVERSE SIDE OF THIS PAGE.

CONTACT PERSON: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

TYPE OF CROP: \_\_\_\_\_ FAX NUMBER: \_\_\_\_\_

NUMBER OF WORKERS TO BE HOUSED: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SOURCE OF WORKERS: \_\_\_\_\_

FIRST DATE OF ARRIVAL OF WORKERS: \_\_\_\_\_ LENGTH OF STAY: \_\_\_\_\_

DATE CAMP WILL BE READY FOR INSPECTION: \_\_\_\_\_

CAMP FACILITIES: WATER SUPPLY: PUBLIC: \_\_\_\_\_ PRIVATE: \_\_\_\_\_  
SEWAGE DISPOSAL: PUBLIC: \_\_\_\_\_ PRIVATE: \_\_\_\_\_

I hereby apply for a Certificate of Occupancy of the premises for the year **2006** and agree to operate said farm labor camp in accordance with the requirements of Chapter III of the State Sanitary Code and of the provisions of Section 12G and 128H of Chapter 111, Massachusetts General Laws.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_

TITLE: \_\_\_\_\_

Please mail completed and signed application as soon as possible before the expected occupancy of the farm labor camp to:

MASSACHUSETTS DEPARTMENT OF PUBLIC HEALTH  
CENTER FOR ENVIRONMENTAL HEALTH  
COMMUNITY SANITATION PROGRAM  
250 WASHINGTON STREET -7<sup>TH</sup> FLOOR  
BOSTON, MA 02108-4619